

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

Civil Action No. 05-11445DPW

ROBERT GRAY,  
Plaintiff,

v.

TRANSPORTATION SECURITY  
ADMINISTRATION, JAMES LOY IN HIS  
CAPACITY AS SECRETARY OF THE  
TRANSPORTATION SECURITY  
ADMINISTRATION, DEPARTMENT OF  
HOMELAND SECURITY, AND MICHAEL  
CHERTOFF IN HIS CAPACITY AS SECRETARY OF  
THE DEPARTMENT OF HOMELAND SECURITY

Defendant.

**AFFIDAVIT OF HUGH DUN RAPPAPORT**

I, Hugh Dun Rappaport, do depose and state as follows:

1. I am admitted to practice law in the Commonwealth of Massachusetts and represent Plaintiff, Robert Gray, in the above-captioned matter. This Affidavit is submitted pursuant to Fed. R. Civ. P. 4(f).

2. On July 15, 2005, I caused summonses and copies of the Verified Complaint in the above-captioned matter to be served by Certified Mail/Return Receipt Requested upon each Defendant, and Alberto Gonzalez, Attorney General of the United States and on August 19, 2005, I caused a summons and a copy of the Verified Complaint in the above-captioned matter to be served by Certified Mail/Return Receipt Requested upon the Civil Process Clerk, Office of the United States Attorney.

3. Attached hereto as the following exhibits are the following documents:

Exhibit A – Return receipt card signed on behalf of Michael Chertoff, Secretary, U.S. Department of Homeland Security;

Exhibit B - Return receipt card signed on behalf of U.S. Department of Homeland Security;

Exhibit C – Return receipt card signed on behalf of James Loy, Secretary, Transportation Security Administration;

Exhibit D – Return receipt card signed on behalf of Transportation Security Administration;

Exhibit E - Return receipt card signed on behalf of Alberto Gonzalez, Attorney General of the United States, Department of Justice; and

Exhibit F - Return receipt card signed on behalf of Civil Process Clerk, Office of the United States Attorney.

Signed under the penalties of perjury this 24<sup>th</sup> day of August, 2005.



HUGH DUN RAPPAPORT

2192\0001\153822.1

Ex.A

|  |  |   |  |
|--|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/><i>X Francis J. Adams</i></p> <p><input type="checkbox"/> Agent    <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>JUL 26 2005</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>          |  |
| <p>1. Article Addressed to:</p> <p>Michael Chertoff, Secretary<br/>U.S. Department of Homeland Security<br/>Washington, D.C. 20530</p>   |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |  |
| <p>2. Article Number<br/>(Transfer from service label)</p>   |  | <p>Domestic Return Receipt</p>  |  |

PS Form 3811, February 2004

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Hugh Dun Rappaport, Esq.  
Krokidas & Bluestein LLP  
600 Atlantic Avenue, 19th Floor  
Boston, MA 02210

Krokidas & Bluestein LLP

(2192-1)

AUG 01 2005

|  |  |
|--|--|
| <p>• Sender: Please print your name, address, and ZIP+4 in this box •</p> <p>Hugh Dun Rappaport, Esq.<br/>Krokidas &amp; Bluestein LLP<br/>600 Atlantic Avenue, 19th Floor<br/>Boston, MA 02210</p> <p>Krokidas &amp; Bluestein LLP</p> <p>(2192-1)</p> <p>AUG 01 2005</p> |  |
|--|--|

Ex. B

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|--|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Frances Adams</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No<br/> <i>JUL 2</i></p> |  |
| <p>1. Article Addressed to:</p> <p>U.S. Department of Homeland Security<br/> Washington, D.C. 20528</p>  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>   |  |
| <p>2. Article Number<br/> <i>(Transfer from service label)</i></p>   |  |   |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

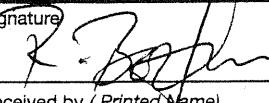
Hugh Dun Rappaport, Esq.  
Krokidas & Bluestein LLP  
600 Atlantic Avenue, 19th Floor  
Boston, MA 02210

Krokidas &amp; Bluestein LLP

(2192-1)

AUG 01 2005

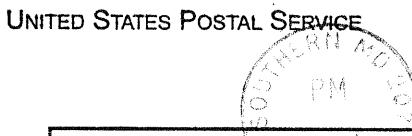
Ex. C

|  |  |  |  |
|--|--|--|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>   |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent    <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: </p> |  |
| <p>1. Article Addressed to:</p> <p>James Loy, Secretary<br/>Transportation Security<br/>Administration<br/>601 South 12th Street<br/>Arlington, VA 22202-4220</p>  |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>7004 2890 0004 6332 0923</p>   |  |  |  |

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Domestic Return Receipt

102595-02-M-1540



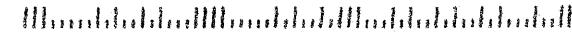
• Sender: Please print your name, address, and ZIP+4 in this box •

Hugh Dun Rappaport, Esq.  
Krokidas & Bluestein LLP  
600 Atlantic Avenue  
Boston, MA 02210

(2192-1)

Krokidas &amp; Bluestein LLP

JUL 21 2005

02210+2209 

EX. D

**SENDER: COMPLETE THIS SECTION**

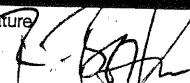
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Transportation Security  
Administration  
601 South 12th Street  
Arlington, VA 22202-4220

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label)

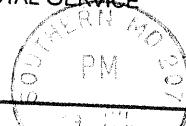
7004 2890 0004 6332 1241

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• Sender: Please print your name, address, and ZIP+4 in this box •

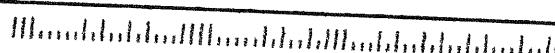
Hugh Dun Rappaport, Esq.

Krokidas &amp; Bluestein LLP

600 Atlantic Avenue, 10th Floor  
Boston, MA 02210

(2192-1)

JUL 21 2005

02210-2203 

Ex. E

|  |  |   |  |
|--|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature <i>Hugh Dun Rappaport</i><br/><b>X</b></p> <p>B. Received by <i>(Printed Name)</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>1. Article Addressed to:</p> <p>Alberto Gonzalez<br/>Attorney General of the<br/>United States<br/>Department of Justice<br/>950 Pennsylvania Avenue, N.W.<br/>Washington, D.C. 20530-0001</p> <p>7004-2890-0004-6332-1234</p>  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |  |
| <p>2. Article Number<br/>(Transfer from service label)</p>   |  |   |  |

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• Sender: Please print your name, address, and ZIP+4 in this box •

Hugh Dun Rappaport, Esq.  
Krokidas & Bluestein LLP  
600 Atlantic Avenue, 19th Floor  
Boston, MA 02210

(2192-1)

JUL 27 2005

EX. F

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk  
 Office of United States  
 Attorney  
 U.S. Courthouse, Suite 9200  
 1 Courthouse Way  
 Boston, MA 02210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X***Hugh Dun Rappaport*

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7004 2890 0004 6332 1029**  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

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UNITED STATES POSTAL SERVICE



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 USPS  
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Hugh Dun Rappaport, Esq.  
 Krokidas & Bluestein LLP  
 600 Atlantic Avenue  
 Boston, MA 02210

Krokidas &amp; Bluestein LLP

(2192-1)

AUG 23 2005

UNITED STATES DISTRICT COURT  
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ROBERT GRAY,  
Plaintiff,

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TRANSPORTATION SECURITY  
ADMINISTRATION, JAMES LOY IN HIS  
CAPACITY AS SECRETARY OF THE  
TRANSPORTATION SECURITY  
ADMINISTRATION, DEPARTMENT OF  
HOMELAND SECURITY, AND MICHAEL  
CHERTOFF IN HIS CAPACITY AS SECRETARY OF  
THE DEPARTMENT OF HOMELAND SECURITY

Defendant.

**CERTIFICATE OF SERVICE**

I, Hugh Dun Rappaport, hereby certify that on August 24, 2005, I served a copy of an Affidavit of Hugh Dun Rappaport, via first class mail, postage prepaid, upon the following:

James Loy, Secretary  
Transportation Security Administration  
601 South 12<sup>th</sup> Street  
Arlington, VA 22202-4220

Transportation Security Administration  
601 South 12<sup>th</sup> Street  
Arlington, VA 22202-4220

Michael Chertoff, Secretary  
U.S. Department of Homeland Security  
Washington, D.C. 20528

U.S. Department of Homeland Security  
Washington, D.C. 20528

  
Hugh Dun Rappaport